

PHILADELPHIA  
ATLANTA  
CHARLOTTE  
CHERRY HILL  
CHICAGO  
DALLAS  
DENVER  
LAS VEGAS  
LONDON  
LOS ANGELES



RECEIVED  
CENTRAL FAX CENTER

MAR 09 2005

DETROIT  
NEW YORK  
SAN DIEGO  
SAN FRANCISCO  
SEATTLE  
TAMPA  
WASHINGTON, DC  
WEST CONSHOHOCKEN  
WICHITA  
WILMINGTON

1900 MARKET STREET PHILADELPHIA, PA 19103-3508 215.665.2000 800.523.2900 215.665.2013 FAX [www.cozen.com](http://www.cozen.com)

### FACSIMILE

---

FROM: Daniel M. Scolnick, Ph.D.	TIMEKEEPER NO.: 2321
SENDER'S PHONE: 215.665.6928	SENDER'S FAX: 215.701.2029
# OF PAGES (INCLUDING COVER): 9	FILE NAME: MTGY0001-101
DATE: March 9, 2005	FILE #: 147063

RECIPIENT(S)	PHONE	FAX
U.S. PATENT AND TRADEMARK OFFICE GAU 1648 Examiner Myron G. Hill	571.272.0901	703.872.9306

MESSAGE: OFFICIAL FAX!

Serial No.: 10/752,791 - Filing Date: January 7, 2004

Attachments: Transmittal form (1 sheet)  
Fee Transmittal form (1 sheet) (no fee)  
Response to Restriction Requirement (6 pages)

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL 215.665.2000 or 800.523.2900 IMMEDIATELY.

THIS TRANSMISSION IS ALSO BEING SENT VIA:

- Regular Mail
- Certified Mail
- Hand Delivery
- Overnight Mail
- Federal Express
- E-Mail

#### NOTICE

The information contained in this transmission is privileged and confidential. It is intended for the use of the individual or entity named above. If the reader of this message is not the intended addressee, the reader is hereby notified that any consideration, dissemination or duplication of this communication is strictly prohibited. If the addressee has received this communication in error, please return this transmission to us at the above address by mail. We will reimburse you for postage. In addition, if this communication was received in the U.S., please notify us immediately by phoning and asking for the Fax Center.

גָּמְנִיתָן

Approved for use through 07/31/2006, OMB 05-1433

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

**Total Number of Pages in This Submission**

Application Number 19/752,791

**Filing Date** January 7, 2004

First Named Inventor **Paul Q. Anziano**

Art Unit 1648

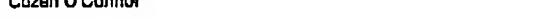
Examiner Name **Myron G. Hill**

Attorney Docket Number MTGY0001-101

**ENCLOSURES (check all that apply)**

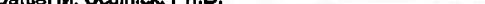
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>  <b>Official Facsimile Cover Sheet</b>
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	Cozen O'Connor		
Signature			
Printed Name	Daniel M. Sculnick, Ph.D.		
Date	March 9, 2005	Reg. No.	52,201

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Daniel M. Scalnick, Ph.D.	Date	March 9, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 0)

Complete If Known	
Application Number	10/752,781
Filing Date	January 7, 2004
First Named Inventor	Paul Q. Anziano
Examiner Name	Myron G. Hill
Art Unit	1648
Attorney Docket No.	MTGY0001-101

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify) : \_\_\_\_\_ Deposit Account Deposit Account Number: 50-1275 Deposit Account Name: Cozen O'Connor

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Charge fee(s) indicated below, except for filing fee Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
25	- 46 or HP = 0	x _____	= _____	50	25
				200	100
				360	180
Multiple Dependent Claims					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
2	- 3 or HP = 0	x _____	= _____	—	—
				HP = highest number of independent claims paid for, if greater than 3.	—

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

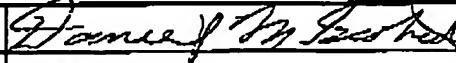
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
—	- 100 = _____	/ 50 = _____ (round up to a whole number) x	—	—

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : \_\_\_\_\_

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	52,201	Telephone	215-665-6328
Name (Print/Type)	Daniel M. Scutnick, Ph.D.			Date	March 9, 2005

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-788-8180) and select option 2.

MTGY0001-101

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: **Paul Anziano**RECEIVED  
CENTRAL FAX CENTERSerial No.: **10/752,791**Group Art Unit: **1648**

MAR 09 2005

Filed: **January 7, 2004**Examiner: **Myron G. Hill**Title: **MANGANESE SUPEROXIDE DISMUTASE EXON 3-DELETED ISOFORMS  
AND NUCLEIC ACID MOLECULES ENCODING THE ISOFORMS**

## Certificate of Facsimile Transmission

I hereby certify that this paper is being facsimile transmitted  
to the Patent and Trademark Office to facsimile number  
(703) 872-9306 on the date shown below.

On March 9, 2005  
\_\_\_\_\_  
Daniel M Scainick, Reg. No. 52,201

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

## RESPONSE TO RESTRICTION REQUIREMENT

This paper is filed in response to the Restriction Requirement mailed February 9, 2005  
in connection with the above-identified patent application. Please amend the application as  
follows:

Amendments to the claims begin on page 2 of this paper.

Remarks begin on page 4 of this paper.